

UTILITY
PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

		0 1 8	
Attorney Docket No.	00862.023313.	s. 42	
First Name	d Inventor or Application Identifier	⊃ <u>r</u>	
SHINGO NOZAWA		0/2	
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		a ADDR	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		ioner for Patents 1450
1. Fee Transmittal Form (Submit an original, and a duplicate for fee	ansmittal Form an original, and a duplicate for fee processing)		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. Applicant claims small entity status. See 37 CFR 1.27.			Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. X Specification Total	Pages 46		a (Computer Readable	e Form (CRF)
4. X Drawing(s) (35 USC 113) Total	Sheets 5		·1	ation Sequence Lis CD-ROM or CD-R	_
5. X Oath or Declaration Total	Pages 1		ii	paper	
a. X Newly executed (original of	r copy)		c §	Statements verifyin	g identity of above copies
			ACCOM	PANYING APPLIC	CATION PARTS
b. Copy from a prior application (for continuation/divisional v		9. X		Papers (cover sheet	& document(s))
i. DELETION OF I	10.		(b) Statement e is an assignee)	Power of Attorney	
inventor(s) named 37 CFR 1.63(d)(2)	in the prior application, and 1.33(b).	11	•	nslation Documen	· <u>···</u>
6. X Application Data Sheet. See 37 CFF	R 1.76	12.	Information Statement	Disclosure (IDS)/PTO-1449	Copies of IDS Citations
		13	Preliminary	Amendment	
N.		14. X		eipt Postcard (MPI specifically itemize	
		15.		opy of Priority Docuriority is claimed)	ument(s)
		16	Other:		
					
17. If a CONTINUING APPLICATION, check a	appropriate box and s	upply the requisite	information:		
Continuation Divisions Prior application information: Examiner	al Continu	ation-in-part (CIP)	of prior app Group/Art Ur	lication No	****
For CONTINUATION OR DIVISIONAL APPS only: continuation or divisional application and is hereby in omitted from the submitted application parts.					
	18. CORRES	SPONDENCE ADDI	RESS		
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below				pondence address below	
NAME					
Address					
	T		-	-22	
City	State Telephone			Zip Code Fax	
Country	T rejeblione			100	l

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	19-20 =	0	X \$ 18.00 =	\$ -0-
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	14-3 =	11	X \$ 86.00 =	\$ 946.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$290.00 =			\$290.00 =	\$ -0-
				BASIC FEE (37 CFR 1.16(a))	\$ 770.00
			Total of	above Calculations =	\$1716.00
	Reduction by	50% for filing by small er	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTAL =	\$1716.00
9. Sn a.	nall entity status A small er	ntity statement is enclose	d		
	A small er A small er and desire	ntity statement was filed in		al application and suc	h status is still proper
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a. b. c. 20. 21. Th	A small er A small er and desire Is no long X A check in the amo A check in the amo e Commissioner is hereby 0.06-1205: X Fees requ	ntity statement was filed in ed. er claimed. ount of \$ 1716.00 ount of \$ 40.00 y authorized to credit ove	n the prior nonprovisions to cover the filing fee to cover the recordal f	is enclosed. ee is enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Leonard P. Diana (Reg. No. 29,296)			
SIGNATURE	Georal P. Diana			
DATE	November 18, 2003			